Cyclosporine Induced Gingival Hyperplasia

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A 28 year old male patient who was a known case of end stage renal disease on maintenance haemodialysis for last 1 year underwent live related renal transplant in 2009. He was on triple immunosuppression drugs (cyclosporine, MMF and glucocorticoids) for last 5 years and doing well on cyclosporine 75 mg twice daily. In 2013 he presented to us with complaints of swelling of feet and breathlessness of 10 days duration. General clinical examination was suggestive of moderate pallor and pitting edema of feet. Examination of oral cavity revealed significant gingival overgrowth in buccal mucosa of maxilla as well as mandible (Figures 1, 2).

On lab evaluation his Hb was 8.8 g/dl, serum urea was 116 mg/dl and serum creatinine was 5.2 mg/dl. Serum cyclosporine level was 137 nmol/L (within therapeutic range). Renal graft biopsy was done, suggestive of chronic allograft nephropathy. Patient was not on medications like phenytoin or CCBs. Our final diagnosis was post renal transplant chronic allograft nephropathy with cyclosporine induced gingival hyperplasia.

Gingival hyperplasia is a known complication of cyclosporine therapy and is more common in children and adolescents as compared to adults.¹ It can also be caused by drugs like phenytoin and CCBs.² The degree of gingival hyperplasia is unrelated to the dose and levels of cyclosporine.³ Usually, the gingival overgrowth regresses after discontinuing the drug.

References


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